

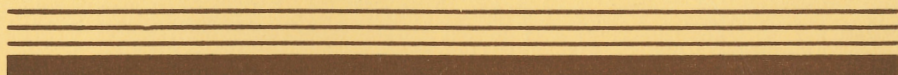
The MEDICAL MISSIONARY



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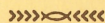
The MEDICAL MISSIONARY

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A Tabernacle Among Himalayan Pines

FISHING AND ANGLING

BY DR. H. J. E. ZACHARIAS

By the handsome volume before us * Dom Thomas Ohm, O.S.B., has placed under a new obligation of gratitude all who take an interest in Missions. Already the author is no stranger to them; they will know his study on the attitude of Saint Thomas Aquinas to the salvation of pagans, or they will at least know him from the smaller books written by him as a result of his missiological travels in India, the Far East, South and East Africa. Member of the Benedictine Congregation of Saint Ottilien, Professor at Würzburg University and for many years chaplain of the medico-missionary Institute there, Father Ohm obviously has all the qualifications required to write what has hitherto been lacking, a textbook on "The Medical Care of the Catholic Missions." Its sub-title, "Ideal and Reality," is a guarantee that the subject is treated by him not only with all the scientific exactitude and theological soundness needed, but also with the insight and human touch, drawn from a wide personal experience.

Dom Thomas' book is all the more valuable as it is not restricted to the Medical Missions of the Church, but includes also the Protestant efforts in this respect. In fact, it would be more exact to say that in the strict sense the idea of "Medical Missions" is a monopoly of Protestant ideology; therefore it is not for nothing that the author has chosen the expression "The Medical Care of (or in) the Catholic Missions" as his title.

Perhaps it is worth while to expand this idea somewhat at a time when "Re-Thinking Missions" is so widely being done by the faithful at large; which fact may perhaps also be held to justify the treatment of this theme by a layman.

Our author gives four reasons for the existence of Medical

* Die Ärztliche Fürsorge der Katholischen Missionen: Idee und Wirklichkeit. By Dr. Thomas Ohm, O.S.B., St. Ottilien, 1935, pp. 270; 9½ by 6½; 34 illustrations.

Missions: 1, the prevention and care of bodily and mental disorders; 2, the supernatural welfare of non-Christians and new Christians; 3, the perfecting of Christian Communities; 4, the natural and supernatural perfection of the missionaries themselves by their work of mercy, of expiation and of love of God. Now, though a Protestant too might accept these four as his own *raisons d'être*, the emphasis would necessarily be laid by him in a different manner. Rejecting both the visible Church and the Priesthood, he would necessarily give a different shade of meaning to two and three. He cannot be out to plant the Church (3) but only to turn individuals Godwards; and to effect this conversion, he knows only the ministry of the word.

Perhaps the distinction comes out best by saying that whilst Catholics have stuck to the divine behest of becoming "fishers of men," Protestants by their individualism have understood this as an invitation to become anglers of men. The fishermen-apostles of Lake Tiberias worked as a team; they had the tackle of their craft, such as dragnets and so forth. They let these nets down and observed all the rules of their profession, but in the last resort they acted blindly and depended for their result, not on their own ingenuity, but on—God! How different the attitude of the angler! The choice of rod, of bait, of line, of hook is all left to his individual judgment and skill; the whole pursuit is a pitting of human ingenuity against piscine suspicion and therefore, quite properly called a sport. Fishermen may toil all night and in the end catch nothing. To them this is not an incident that gives zest to their sport, but a misfortune which proves the inadequacy of human methods. So clearly comes out this human inadequacy that even when the draught of fish taken was miraculously large on a famous occasion of which Saint Luke (V, 4-7) tells us, the remark is added that "their net broke."

The transformation of fishers into anglers has had catastrophic repercussions, especially in highly civilized pagan countries under predominantly Protestant influence, such as India. There a very natural indignation on the part of the pagan fish, harried and pursued by every conceivable wile and dodge to entrap them, has stigmatized this angling as "proselytizing," and when, therefore, a Hindu, for example, says that a missionary or mission is guilty of an attempt at "proselytizing" he has condemned it utterly and finally, to his own satisfaction and that of all his co-religionists.

It is from this point of view that Medical Missions in particular are being judged. The preaching done by the doctor himself and by the "Bible-women" who haunt his consulting rooms, the distribution

of tracts and portions of Scripture in the vernacular, the "Sunday school" pictures that adorn all walls, are regarded by educated Hindus as so many underhand devices, resorted to, when the patient is least capable of defense and in a most impressionable frame of mind, and are therefore really only put up with by them as an inescapable evil, in order to get the treatment required. Now, I am far from saying that even in Protestant Medical Missions, propaganda is really carried on in so crude a fashion, nor would I belittle the magnificent charity and professional zeal of their staff, who, of course, only have the highest welfare of their wards in view. Still, there is enough truth in the taunt of a baited hook for us to admit that "angling" is not a commendable method, least of all in the sickroom.

The whole "ethos" or "atmosphere" must needs be different in a sacramental religion like that of the Catholic Church. A parallel from the "Educational Missions" will perhaps bring home what is not easily definable. Both Protestants and Catholics maintain schools of all grades in the Mission Field. Amongst the former I know of no single exception, in which education had not included a compulsory "Bible lesson" at the beginning of the day's work until enactment of a "conscience clause" in the laws of the country had rendered compulsion impossible. On the other hand, I know of not a single Catholic school in the missions where religious instruction has ever been given to others than Catholics or would-be Catholics. The idea of submitting to Catholic doctrinal teaching, as *sine qua non* admission to a Catholic school, may be said to be altogether repugnant to Catholics. We have our schools, whether in the missions or elsewhere, primarily for our own Catholic children; we believe, moreover, that instruction in secular subjects is a good thing in itself and that it is better for anybody, be he Turk, Jew or infidel, to receive this secular instruction at the hand of qualified Catholic teachers, maintaining a sound moral discipline and inculcating, by their personal influence, respect for religion as such, than for these children to go to godless or "neutral" schools. The overwhelming majority of students at Catholic colleges and high schools in India, for instance, consists of non-Catholics and their popularity amongst this class of people is due not only to the personal and moral care bestowed by members of our teaching orders upon their pupils but also to the absence of all "proselytizing." Incidentally, of course, the frequenting of Catholic schools, the personal contact with our Fathers, Nuns and other Catholic teachers, during so many years, have not failed to counteract in the most effective manner the innumerable preju-

dices existing in non-Catholic circles and to substitute for the suspicious attitude of being ever on the defensive, a mentality of at least benevolent neutrality and even friendship.

Now if it is obvious, *ceteris paribus*, Catholic education, even on the purely natural plane, must be superior to an a-religious or irreligious education, it must be equally manifest that medical treatment at the hands of a doctor who believes in God and of nursing Sisters who are imbued with the love of God must be more efficacious even on the medical plane, other things, of course, being equal, than medical care that rules out the supernatural as non-existent or irrelevant. As Catholics, therefore, we would be failing in our duty in the civic and natural sphere if we did not strive to organize a medical service of our own. In doing so, it should be clear that we are not prompted by any idea of "angling" or "proselytizing," but that we instal our hospitals and consulting rooms because we are morally bound in equity to make our own contribution to the alleviation of bodily suffering and to the correction of disorders in what we consider to be potential temples of the Holy Ghost.

This contribution is still necessary in allegedly Christian countries, because hospitals, though a purely Christian invention, have largely become non-Christian, and certainly non-Catholic, institutions. All the more are they called for in pagan lands, where the Christian concept of a hospital and of the medical care of the disinherited of this world, has not yet been reached, or at least reached in a very imperfect degree only. There again, therefore, we must not and do not engage in these works of mercy as just so many baits for conversion. As Catholics we naturally must wish that every human being, present or yet to be born, may become a member of the Church which Our Lord has founded for their salvation and perfection, but while this wish must be the ultimate motive, it cannot and must not eliminate other proximate motives.

There is, therefore, no casuistry in saying that on the natural plane our motives are proximately natural, though ultimately they should be supernatural. It is on this basis that every Catholic in general and the Medical Missionary in particular can and ought to look upon his profession—proximately as a professional, but ultimately as an apostle. We must frankly recognize that from the non-Christian's point of view there are ambiguities in works of mercy being carried on by members of Religious Orders. But this actual suspiciousness of the non-Christian would probably not have come into existence at all had there not been such a display of "angling"

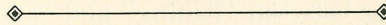
on the part of Protestants. As I write, news reaches me of the difficulties in which the Catholic Poor House in Nagpur, India, recently found itself, owing to a rumor that the Sisters in charge were resorting to "forcible conversion." A committee of municipal councillors, who had proposed the cutting out of the usual annual grant of Rs. 1,500, in due course went to the Poor House and investigated and cross-examined all and sundry. An old decrepit Hindu, who had been an inmate of the institution for the last fourteen years, rather nonplussed them, and in the end the City Fathers went back to their Council and reinstated the grant.

This example seems to me a typical one in the present surcharged atmosphere of perfervid patriotism in countries like India. The conclusion I draw is that we cannot be too emphatic in all our literature in distinguishing between "fishing" and "angling," and that we should never weary of explaining, both to Catholics, inclined to be over-zealous, and to non-Catholics, inclined to be over-suspicious, that works of mercy are not a bait for conversions, but a vocation. These Little Sisters of the Poor in Nagpur and elsewhere have been specially called by God to devote themselves to that work of mercy which consists in the alleviation of poverty; other souls feel called to that other work of mercy, which consists in the tending of the sick. The recent strong recommendation by the Sacred Congregation of Propaganda Fide of maternal and child-welfare work in the missions brings out the crying need of another field of works of mercy, which cannot fail to make their appeal to qualified medical women and nurses. What wonder if such souls, feeling an ineluctable attraction to this or that work of mercy, specialize in it as their life-long profession and consecrate themselves to it as a holocaust offering to God?

Even so, their proximate purpose in their profession is to exercise it because on its own plane it is worth while in itself. What consequences such exercise may ultimately have for the expansion of the visible Church is entirely a matter for God, Who can sway the hearts of men; for the Holy Ghost, Who bloweth where He listeth. If only the non-Christian would pause to think, he would indeed realize that the fact that persons engaged in such works are Religious is the best guarantee of their spirit of detachment, since by their very consecration they work not for success but for God.

As long as there are people ahungering or athirst or naked or imprisoned, ordinary, natural, human pity should prompt their fellow men to try and succor them. Could a Christian do less? No, by his

very Christianity he must do even more and better. The fleeting sentiment of pity is replaced in him by an act of will, by a self-surrender to God which seeks to serve Him in the least of His creatures. The service of man remains with us as our proximate motive; our ultimate motive, which sustains and supernaturalizes that service is to serve God. Our proximate call to this or that work of mercy is turned by us through God's grace towards our ultimate objective: God! If we are asked why we tend the sick and clothe the naked and feed the hungry, there is after all but one, the all-sufficient answer: CARITAS CHRISTI URGET NOS!



MISSION SUNDAY OF THE SICK

When the Holy Spirit hovered over this vale of tears on Pentecost, May 31, millions of sick and suffering Catholics offered up their discomforts, aches and pains for the missions. What a wave of peace must have swept over the earth when the Divine Comforter took possession of the hearts which He inspired with so generous an offer!

Of the efficacy of the prayers and sacrifices of the sick ones there is no doubt. At the international convention in Fribourg in 1922, it was told how the president of the Antichristian league in Europe was baptized on the same day that a 14-year-old girl, who had offered her suffering and death for his conversion, breathed her last.

This is the second time that the International Mission Sunday of the Sick was held. May it become known more and more, so that each year every sick person may contribute his quota to the extension of God's kingdom on earth.

We trust that the sick ones who possess the comforts and consolations of the Catholic faith will have given a generous share of their merits to those unfortunate ones in pagan lands who have not yet learned how to convert their sufferings into "treasures in heaven, where neither rust or moth doth consume."

HEAT-STROKE AND SUNSTROKE

BY SISTER MARY OF THE SACRED HEART (*Society of J.M.J.*)

(MARY GLOWREY, M.D.: *B.S., University of Melbourne*)

ST. JOSEPH'S CONVENT, GUNTUR, INDIA

Many of the mission lands are situated in the tropics; consequently such topics as heat-stroke and sunstroke are of practical interest to missionaries. According to some authorities (e.g., Stitt), newcomers to the tropics are more susceptible to these affections, while long residence confers a relative immunity. This statement has not been borne out by our experience. It is principally among the Indians that we have had to deal with cases of heat-stroke. The explanation may possibly be found in some of the accessory causes such as insufficient intake of fluid, malnutrition or weakness.

Strong men can work even under conditions of high temperature. It is not uncommon for men exposed to the direct rays of the sun to perform arduous labor when the thermometer registers 120 F. in the shade. Firemen on board ships in the tropics often have to work at a temperature of 150. The body possesses a remarkable power of adjusting itself to the surrounding temperature by means of the activity of the sweat glands and evaporation of perspiration. If, for any reason, this mechanism breaks down, or if the air is so humid and motionless that evaporation cannot take place, ill effects may result. Infants do not possess proper power of adjustment, and in the aged this power is decreased.

The ill effects of exposure to high temperatures vary, and have been classified under three headings: heat-stroke, heat exhaustion, and sunstroke. Persons subjected to the same conditions may develop different symptoms.

The year 1921 was not unusually hot in Guntur, but for more than six weeks of the "hot season" the temperature did not fall below 116. Night and day seemed to differ but little. Birds used to come to our well and fall fainting into it. During this period more than 50 people died in Guntur from sunstroke. In practically every case the history was the same. A man had driven his bandy with products

from the village or had come walking with his basket of wares balanced on his head. He arrived in the bazaar parched with thirst and gasped "water"; then he drank it greedily and dropped dead.

Heat-stroke manifests itself usually in conditions of fatigue or weakness. So we have to take measures to prevent it in our ward for incurables. It frequently occurs after operations; except in cases of emergency, major operations are contra-indicated in the hot season.

On one occasion two of our wards-maids went to the well to draw water. The day had been close and cloudy, and it was already evening. They felt tired and sat on the parapet wall of the well. A Sister came along at that moment and, observing a dazed look on their faces, she hurriedly pulled them from the parapet of the well. Happily she had arrived just in time. That well is 60 feet deep and a few moments later both girls were in a state of coma; both had a temperature of 110. Prompt treatment resulted in speedy recovery.

Last year we were called to see a patient some distance away. The journey thither took four hours by rail; the return journey took six hours. We were late in arriving home, and found our Reverend Mother anxiously awaiting us, for four Indian men had been removed dead from a train that reached Guntur at 8.30 p. m. that evening.

A fate such as this rarely overtakes Europeans, possibly because very few Europeans travel during the hot season in this district. We know of two instances. Some years ago an elderly gentleman who had traveled from Darjeeling, North India, was found dead when the train arrived at Nellore. A hurried message was sent to our convent there to ask if the Reverend Mother could supply a coffin, and—just by chance—she could. On another occasion an invalid European religious, who was traveling from the hot plains to a cool station, died en route.

It is the babies who suffer most from the heat. As already mentioned, their temperature regulating mechanism is not yet developed, so they must be kept cool by protection from high temperatures and by a generous supply of fluid. This is just what they fail to get. Superstition decrees that children under 12 months of age should never be given water.

My first experience of heat-stroke in babies was in 1920. A tiny mite was brought by his weeping mother who stated that the baby refused to suck. The poor child could not suck for its tongue was as dry and hard as leather. As we looked at it, the baby went into a state of syncope; it looked as if it were at the point of death. Water was dashed on its body, and water was poured drop by drop into its

parched mouth. Presently, to the mother's astonishment, it opened its eyes. Further measures were taken; life gradually came back into its limp limbs; the baby's tongue became soft and moist, and it was restored to the arms of his mother. The object lesson sufficed for her. She no longer refused to give the child water. He made a steady recovery and is now a sturdy lad of 16.

Last year the season was rather hot. One morning the newspapers gave Guntur a place in the sun. "GUNTUR 124," ran the headlines, "AND THE ROHINI KARTHA (the real hot season) WILL BEGIN TOMORROW!" During that time innumerable babies suffering from heat-stroke were brought to us. Many of them were at their last gasp. Slaves to superstition, the mothers had not dared to moisten their parched lips; and some of them, on finding that the baby's body was burning hot, had refrained from giving the child its usual bath from which it might have got a little relief.

The new-born babes in our hospital always register a temperature of 103 or 104 during the hot season unless constant measures are adopted to keep them cool. The cradles are covered with damp cloths, which have to be wrung out of water and replaced many a time by day and even by night. Boiled water is cooled and given to them freely between feeds. The mothers are taught to adopt similar measures at home, and their babies are thus spared much needless suffering.

From these instances we may pass on to a more scientific consideration of the topic. First let us take heat-stroke.

HEAT-STROKE OR HEAT HYPERPYREXIA

This may be defined as heat accumulation in cases where there has been exposure to severe heat. The onset is rapid, though it is usually preceded by listlessness, dizziness, headache or thirst, and in all cases there is dryness of the skin and suppression of sweating which may set in from 1 to 48 hours before the onset of pyrexia. This suppression of sweating is the danger signal for which it is necessary to be on the alert.

AETIOLOGY

All ages and both sexes are susceptible, but the incidence is greater among infants and the aged. Heat retention may result from insufficient intake of fluid, from dehydration from any cause and from insufficient evaporation from the skin. Improper clothing or stillness of the air accentuate the risk. The administration of atropine may

precipitate an attack, as it diminishes sweating. Even the instillation of atropine into the eyes may—in the cases of idiosyncrasy—be followed by alarming results in the tropics.

SYMPTOMATOLOGY

Following the initial symptoms, listlessness, headache, dizziness, or thirst, there is a rapid rise of temperature which often reaches 110, and the patient sinks into a state of unconsciousness and coma. The pupils of the eyes are contracted until just before death occurs, then they dilate. The respiration is irregular and may be of the Cheyne Stokes type. The pulse is full and bounding at first; later it becomes very feeble. There is congestion and oedema of the lungs, liver and other internal organs. Tetany (spasm) of the voluntary and involuntary muscles occurs. This accounts for the crampy pains in the limbs and abdomen. Tetany of the heart muscle may occur also. This is associated with excruciating pain like that of angina pectoris. It is to tetany of the heart that the causes of sudden death in heat-stroke and sunstroke are attributed.

HEAT EXHAUSTION

AETIOLOGY

The causes are the same as for heat-stroke, but the reaction on the part of the patient is different.

SYMPTOMS

The patient feels giddy and nauseated. He may stagger and fall. He looks pale, but instead of having a dry, hot skin as in heat-stroke, he is bathed in cold perspiration. The pulse is feeble and irregular; the respiration is shallow and sighing. The patient may become wholly or partially unconscious. Heat cramps may cause much distress. Recovery is the rule in cases of heat exhaustion. After recovery the patient complains of severe headache and may suffer from loss of memory for a time.

SUNSTROKE

AETIOLOGY

The term sunstroke is generally reserved for the type of affection which results from direct exposure to the sun's rays. It is thought that the actinic rays play a harmful part.

SYMPTOMS

As a rule there is severe headache. The skin is hot and red and dry. The pulse is full and rapid. There is photophobia (i.e. intoler-

ance of light), and a similar intolerance of sound and movement. Nausea, vomiting, delirium and unconsciousness frequently occur. Fulminating attacks account for many sudden deaths. Prompt and energetic treatment is necessary to ensure recovery, and even after recovery there is often loss of memory and prolonged mental or nervous disturbance.

DIAGNOSIS

In the presence of symptoms of the kind already described a diagnosis of heat-stroke, heat exhaustion or sunstroke can usually be made from the history of the case and from the attendant circumstances. If the patient is found unconscious, other causes of unconsciousness have to be ruled out by a reasoned process of exclusion. (The question would make a good one for an examination paper for medical students.) The exclusion of other causes is usually easy except in the case of cerebral malaria. There is not a more difficult problem encountered in the tropics than that of differentiating cerebral malaria from heat-stroke. The symptoms presented are the same, and there is nothing to prevent a malarial patient from developing heat-stroke, so even the discovery of malaria parasites in the blood does not give conclusive evidence.

TREATMENT

Delay is dangerous, so treatment should be commenced at once. The essential treatment is simple and can be carried out by anyone. In the case of sunstroke, obviously the first thing to do is to put the patient in a shady spot where there is free circulation of air. A cool airy spot should be sought also for patients suffering from heat-stroke or heat exhaustion.

SUNSTROKE AND HEAT-STROKE

The treatment required for the hyperpyrexia of both heat-stroke and sunstroke is the same. The aim is to reduce the temperature, restore the body fluids, promote elimination and give the necessary stimulants.

Diaphoretic mixtures are useless. They do not induce perspiration as the sweat glands are not functioning. Ice, even if available, is not to be recommended as a cooling agent. It constricts the capillary blood vessels and interferes with evaporation. The best and simplest method is to wrap the patient's body in a wet sheet, which must be wet afresh from time to time by pouring water over the patient. Evaporation must then be promoted by fanning the

patient with hand-fans, an electric fan or a punkah. As an additional measure an enema cooled with ice may be given. In the meantime a message should be sent for a doctor if there is one within reach.

When the temperature begins to fall, it may fall rapidly. Care should be taken not to reduce it below 102 or 103 for some time lest collapse should supervene. The rectal temperature must be taken as the skin temperature is rapidly reduced by the treatment adopted, and the skin may be quite cold even when the internal temperature is 106 or more. When the patient recovers consciousness 30 drops of aromatic spirits of ammonia may be given in one ounce of water, and the dose may be repeated later. Cold coffee may also be given and the patient should now be encouraged to take fluids freely. Cold water (not iced water), water or barley water sweetened with a large quantity of sugar, or oatmeal water may be given; when the patient has regained a little strength a mild saline aperient should be given.

The retention of heat in the body increases oxidation. This results in greater production of heat and a vicious circle is established. Acidosis ensues in severe cases. To eliminate the toxic products the doctor may resort to venesection, after which he may give glucose with saline or alkalis intravenously. Insulin is not required as the pancreas functions. In case of collapse digitalis, camphor or caffeine may be given. Strychnine should be avoided; it may excite convulsions. If respiration fails, artificial respiration must be begun at once.

HEAT EXHAUSTION

The treatment of heat exhaustion aims at relief of the patient's state of collapse. Cool, fresh air is required, but the patient must be covered and hot water bottles must be put to the feet. If the patient is conscious, give aromatic spirits of ammonia, coffee, glucose in water, or water sweetened with a generous supply of sugar. The doctor may order injections of camphor or caffeine, and saline and glucose may be given subcutaneously or intravenously. Massage will relieve the cramps in the limbs. Cramps in the abdomen are more difficult to relieve. Aspirin and similar drugs should not be given; they are too depressing. Hot water bottles, abdominal massage and the general measures for relief of collapse will eventually produce the desired effect.

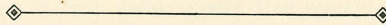
Treatment, if prompt and effective, may save the lives of many who are suffering from heat-stroke, heat exhaustion or sunstroke, but

it is necessary to watch carefully lest the symptoms recur. In one instance a man developed heat-stroke after an operation. His temperature shot up to 110, but was gradually brought down to normal. The following day at the same hour Sister found that his temperature had again gone up to 110. Treatment proved effective again. Ten days later he got another attack. This time he succumbed.

PREVENTION

Obviously heat-stroke and sunstroke are conditions in which prevention is better than cure. What measures should be adopted? Happily nothing extraordinary is required. Dwellers in the tropics should avoid over-eating and under-eating; they should promote elimination of waste products by avoiding constipation, by taking moderate exercise regularly, by drinking sufficient water and by taking baths daily. It is not always possible to "keep cool," but when the air is humid and motionless a fan or punkah should be used, and if the birds begin to faint or drop dead, drink more water.

Missionaries in the tropics should follow these simple rules, for we may not tempt Providence; for the rest they may put their confidence in God and leave it to Him to see that "the sun shall not burn them by day, nor the moon by night."



Sister Mary of the Sacred Heart is a religious of the Society of Jesus, Mary, and Joseph, which for 30 years has had professionally trained medical members in mission work. At the present time there are 70 medical members, doctors, nurses, obstetrical nurses, and pharmacists at work in the Dutch East Indies and in British India.—*Editor.*

THE NORTH OF INDIA IN THE LIMELIGHT

ANNA DENGEL, S.C.M.M., M.D.

This July 30,000,000 members of the Apostleship of Prayer will focus their petitions on the north of India. It would be lengthy to define the exact boundaries. For our purpose it suffices to frame it in our minds with a straight line drawn from Bombay to Calcutta, the mighty chain of the Himalayas, of Tibet, Turkestan, Afghanistan, and the blue waters of the Indian Ocean.

Every name in and around the north of India teems with history, romance, mystery, and conjures up an indefinable fascination, at least to me—and I am not one who never had a chance to be disillusioned! If anything, it is medical work which makes one see the seamy side of life; but it is just this close contact with the people which let me see beyond the surface and which kindled and deepened my love for India. The more I learn, hear, and see about her, the more I am captivated. Just imagine how far back one can think of her history. In 2000 B.C., or earlier, the brothers and sisters of our Aryan ancestors wended their way from colder regions to the sunny plains of Hindustan.

How varied, complicated, and strange their development has been down the centuries may best be conjectured from their religious system which generally goes by the name of Hinduism. It is at one and the same time a religion, a social code, and a philosophy. This Hinduism was subjected to many influences, but like a sponge, it kept on absorbing. Buddhism, for instance, put its endurance to a crucial test. It was born on north Indian soil, and it had none less than the Emperor Asoka, as its fervent patron and missionary. Although it spread to Tibet, Siam, China, and Japan, and exists there still, in its home land it met eventually the fate of amalgamation with Hinduism, which kept the upper hand.

This northern India was famed, also, for its fabulous treasures. It is not surprising, therefore, that Darius and Alexander the Great cast their greedy eyes and their hordes on her plains. Like previous and subsequent invaders, they came through the barren gateway of the Khyber Pass. They looted and murdered but did not achieve permanent conquest. Their passage, however, was not without leav-

ing some traces of culture. An interesting example is the picturesque wooden bridges in Srinagar, which are said to be of the type Alexander's soldiers built. Recently it has been decided to replace some of them by modern ones. The old bridges, like the old civilization, are tottering.

If the ambitious Macedonian left something of long-lasting value to India after his 18 months' raid, it is all the more comprehensible that the invasion of Islam was nothing less than a tremendous upheaval of far-reaching consequences. In the eleventh century the fanatic and brave followers of the prophet made their appearance on the northwest frontiers. Ghenghiz Khan, Timur, and Baber swept down the Khyber, conquering and preparing for the splendor of the Moghuls. In the sixteenth century that line of six remarkable potentates, who ruled sternly and lived magnificently, built cities and monuments that evoked not only admiration but amazement. For 180 years they held sway. Luxury and corruption, however, those destroyers of civilizations, made it possible for others to get the ascendancy. Portuguese, Dutch, French, and English vied with each other to get it; the British won out. Let us cast a furtive glance at this northern India of today.

Delhi is its capital; it is built on the ruins of eight vanished ones. It is significant that the Jama Masjid, the great mosque built by Shah Jahan, is still the most striking edifice. Not an hour of the day is it without worshippers who perform their ritualistic prayer with great exactitude. On Fridays and certain feasts it is full to overflowing. There are other mosques and many Hindu temples and also Christian churches in Delhi. The Catholic church in old Delhi is a particularly nice one. Close to it is the rectory of the Capuchin Fathers, an example inside and out of Franciscan simplicity and poverty. There I met Rev. Father Luke, the builder of the Cathedral of New Delhi. He kindly took me out to that modern section to show me the new government buildings. Around them a city has sprung up already. This was a logical site, also, for the Catholic cathedral of the capital. One would think that Father Luke would be completely absorbed by such a big project, but no! He was thinking and planning for schools and works of mercy. One of the Fathers showed me a field of labor for our Medical Missionaries among the outcasts and villagers—and what is more, there is no Catholic hospital in Delhi!

It was my great privilege to meet His Grace, the Most Rev.

Raphael Bernacchioni, O.S.F.C., Archbishop of Agra, in whose jurisdiction Delhi is. His words to me still ring in my heart: "I put it on your conscience to send sisters to us." Up to now we had no sisters to send. Will the prayers of 30,000,000 members of the Apostleship of Prayer obtain vocations for the north of India, not only for us, but also for the teaching sisterhoods and especially for the priests? What scope for prayer to think of the capital of a country of 330,000,000 people.

Some hours' journey from Delhi is Benares, according to Hindu belief the oldest city in the world. I stopped there, also. I went down to the Ganges and watched the bathing crowd of Hindus and the doings at the burning ghats. The dead are first dipped into the holy floods and then consigned to the funeral pyre. One man who fanned the flames which consumed the last remains of an old female relative invited me to come closer. He would demonstrate the whole process for two rupees. I walked on and encountered more bathers and funeral pyres and little monuments showing husband and wife. The latter were in memory of heroic women who committed suttee in bygone times, that is, they threw themselves on the burning pile of wood with their deceased husbands.

Then I ascended the steps and watched Hindu priests put marks on the foreheads of the pilgrims and accept their offerings. I went into a courtyard decorated with lingams and statues of holy bulls and other sacred animals, and I stepped into temple precincts as far as non-Hindus can penetrate. I saw gods and goddesses, some reclining in beds, some shrines so ornate that the central figure could not be discerned. In the golden temple the crowd was so dense that people could scarcely move. Its gilded dome is the most beautiful of the 2,000 temples of Kashi, as the Hindus call their holy city. From the golden temple, which is in a very congested part, I tried to reach the main street. I had to pass through a narrow lane which was lined with old ladies with shaven heads. They were Hindu widows. Their haggard features, bony hands, and lean bodies are still a vivid picture in my memory. I would have liked to give them the treat of a square meal!

Few people who stop in Benares fail to see the monkey temple. The strangeness of the sight does not consist in the many monkeys, but in the fact that such a thing as a monkey temple exists. I suppose people go there because seeing is believing.

From the monkey temple I went to the Catholic Church. To me it was an Eldorado after the day's sightseeing. As I came out I met



Today as of Yore, the Khyber Is Guarded.
(See p. 110)



**Pessimist and
Optimist, Holy
Family Hospital
Nursery**

**Babies That
Might NOT
Have Been**



**Baghwanti with two of the five Caesarian section babies,
all safely delivered at Holy Family Hospital since 1928.**

an Italian priest who told me of Austrian sisters in the adjoining school. I went over and was welcomed by my compatriots. Their little convent was pitifully poor, yet they were full of plans for the future. More missionaries was much more in their minds than more money!

Beyond Benares is Patna, the capital of Bihar and Orissa. It was once a very important city—and is still, or the Government would not have put up such fine buildings during the last few years. The Rt. Rev. Bishop B. Sullivan, S.J., is the shepherd of the flock there, and a number of American Jesuits help him to spread the Gospel in towns and villages.

The seed of the word of God seems to have found the best ground among the tribe of the Santals, whom I visited a few years ago in order to see our future field of labor among them. It is the next mission we hope to undertake. We would be there already, but . . . more Medical Missionaries and we will start a little hospital among the Santals at once! Pray, pray for more missionaries in the north of India, not only for us, but also for all the Patna missionaries, priests, and sisters. They were severely tried two years ago when eight churches, some schools, and other mission buildings were rent in the twinkling of an eye by a fierce earthquake. The magnificent school of the Sisters of the Institute of the Blessed Virgin Mary, whose kind hospitality I enjoyed, also was damaged. It takes tremendous efforts to build up in the missions, and humanly speaking, the sudden collapse of so much labor is a catastrophe—but more missionaries will build it all up again!

From Patna I went past Calcutta to Dacca, where the Holy Cross Fathers labor, aided by the Holy Cross brothers and several sisterhoods. Our Medical Missionaries also have been there the last five years, two as health visitors in connection with maternity and child welfare centers and two in charge of the nursing department and training school for Indian nurses at the Mitford Hospital, which has about 400 beds. Several times an S.O.S. for reinforcements has been sent to the Motherhouse, but never yet have we been able to respond.

Dacca is predominantly a Mohammedan and Hindu city. Some of the villages in the neighborhood, however, are almost entirely Catholic. I happened to spend one Sunday in one of them. It was raining camels and elephants, against which the banana-leaf umbrellas were not much protection, yet the Church was filled to overflowing for Mass. There are already a number of priests from among the

Bengali Catholics, and a few years ago the Holy Cross sisters started a Bengali sisterhood, which is flourishing. More and more native priests and sisters is the Holy Father's wish. Remember in July that northern India needs them!

Beyond Dacca is Assam, of which I got a glimpse some years ago. The large seminary of the Salesians, full to the brim with zealous young apostles, went up into flames not long ago. Perhaps Providence has destined a bigger and better place for them. The main work of the Fathers there is among the Khasis, a primitive tribe. They have strange and even dangerous superstitions, but many accept Christianity willingly. There are usually several denominations working in every place of some size, but I never saw keener competition than in the Khasi hills. It seemed to me that every few minutes the bell of another Church called its adherents to prayer. The Angelus, of course, also rings over hill and dale. A good-sized Church was in construction, and the Salesian sisters had a big family of little orphans close by.

The villages are very scattered. At the furthest end of the mission, leopards and panthers prowl around occasionally. I saw the dispensary of the Sisters of Notre Dame of the Missions there. Treatment of several cases of severe wounds and bites of wild beasts were mentioned in their records. The sisters were asked by the Government to start a traveling dispensary in regions where no white doctor had penetrated, but alas—they had no sisters for this glorious opportunity to go out as pioneers of mercy. Our Society, too, was asked to undertake medical work in Assam. Our reply was in the negative—for one reason only! You can guess it!

I cannot let this appeal for more missionaries go by without taking you to the *real* north, to the Prefecture Apostolic of Kashmir and Kafirstan in charge of the Mill Hill Fathers. Rt. Rev. J. O'Donohoe is the Prefect Apostolic. His residence is in Rawalpindi, which is a city of about 100,000. He is aided by a number of priests who are scattered over a large area as parish priests, army chaplains, and missionaries among the Indians. The Presentation nuns from Ireland and the Franciscan Missionaries of Mary have schools, and our Society conducts the Holy Family Hospital. As a matter of fact, Rawalpindi in the far north of India is the cradle of our Society. There a Mill Hill Father, Reverend Father Kuhn, prayed for eight years with his poor Indian parishioners in Josehpur for medical help.

About 30 years ago Rt. Rev. Msgr. Wagner, then Prefect Apostolic, met Dr. McLaren in Antibes on the Riviera, where she kept an

open house for convalescing missionaries. Dr. McLaren, stimulated by his accounts, went to India at the age of 72 to investigate from a Catholic point of view the need of women doctors and of hospitals. Twenty mission bishops asked her to help them. Not being able to start with 20, she began with the foundation of a small one in Rawalpindi, where the seclusion of women was very prevalent. It would take too long to go into the details of the subsequent developments. To make a long story short, it was realized that in mission countries doctors and nurses who are not restricted in the carrying out of any branch of their profession, including surgery and obstetrics, are needed to help the women in all their needs; and that they should put their profession in the service of God for their own sanctification and use it as a new arm of mercy of Mother Church for children she does not possess but whom she loves also.

As the birthplace of our Society is in the north of India, I hope that we are entitled to a big share in the July prayers, and that they will bear fruit. Now that we have started, we want not only 20 hospitals, but 200 and many more, and not only in India!

Much could and should be said about the north of India: the vale of Kashmir, renowned in song and story, alone would deserve a big chapter. I spent interesting and happy months there and saw the beginnings of what is now a flourishing mission. The priest in charge there kept a petition for the coming of sisters under the tabernacle for years. Faith and prayers move mountains! Finally the Franciscan Missionaries of Mary came, traveled about the villages distributing medicines, instilling drops into eyes, dressing neglected wounds and winning the love of the people. The dispensary developed into a hospital. Now there is an orphanage and a big boys' school there also, and the Presentation nuns are opening a school in Srinagar this year. They also need many sisters!

Let us end with one bright spot in the north of India, namely, Karachi. It is a large and prosperous port. Lately Dutch Franciscans took over the spiritual care. It is a flourishing Catholic center, thanks to the Goans, who have preserved the fervor instilled into them by their apostle, St. Francis Xavier himself. May the prayers of July also stir many young hearts and souls among them for the service of the Master in their own wonderful land. Good Catholic homes are gardens where the flowers of priestly and religious vocations grow. How happy it would make me if some day Karachi would have a Catholic hospital staffed by her own daughters! "More things are worked by prayer than the world dreams of!"

The Society at Home and Abroad

WASHINGTON

Holy Father Sends Blessing to All the Members and Benefactors of Our Society

Our Spiritual Director, Rev. Michael A. Mathis, C.S.C., sent us word from Rome that in a private audience granted to him on May 14, the Holy Father gave His blessing to the members of the Society and to all those who help and promote it in any way. Father Mathis also mentioned that the Holy Father expressed again words of encouragement and fatherly benevolence for our aims and ideals. We are looking forward to a more detailed account in the near future.

Reverend Father Mathis is on his way to India where he will remain for four months for the purpose of visiting the houses in Rawalpindi and Dacca and of studying the missions. On his way he stopped in England and visited our Sisters at Mater Christi House. He went to the Eternal City via Holland where he conferred with Doctor E. H. Hermans, director of the Dutch Medical Mission Exhibit, and others who are especially interested in the Medical Mission movement.

Hospital Convention

The Twenty-first Annual Convention of the Catholic Hospital Association was held in the historic city of Baltimore June 15-19.

The great variety of exhibits, technical, scientific and educational, were of special interest. The Society exhibited Holy Family Hospital of Rawalpindi in miniature.

There was also a wide selection of speakers and topics. Members of the Society treated two topics, "Medical Mission Activities in India," and "The Sister Nurse in the Mission Field."

We are very grateful to Rev. A. Schwitalla, S.J., for the privilege of participating in the convention. It gave us the opportunity of renewing former acquaintances and also of making new friends among the hospital sisters of the United States and Canada, an opportunity all the more welcome since we are bound by the tie of a common aim, namely, medical work for the spiritual and material welfare of those in need.

"The Good Samaritan" Shown in New York and Brooklyn

Our medical mission film, "The Good Samaritan," has returned to the Motherhouse, and with it Sisters Angelica and Rita. For more than three months the Sisters have been showing the picture in the Archdiocese of New York and the Diocese of Brooklyn, with only a week of respite during the Easter vacation. Hundreds of students in the high schools, junior colleges, and schools of nursing have enjoyed this glimpse of medical mission activity. Church Societies, Mission Units, and other groups have also shown great interest.

To most people the picture was a revelation. They expected to see mission life as it is usually visualized: a life lived among a strange people, full of the glamour and excitement of adventure. Here was an entirely different view. Bare facts were set forth.

By means of the film, many who were ignorant of the squalor and desolation of their neighbors in pagan countries were aroused to the possibilities of the medical apostolate and have become for the first time "medical mission conscious." To hear the remarks after a showing of the picture made one think of the saying: "One half of the world does not know how the other half lives."

Several of the school authorities expressed their appreciation of the educational and entertaining character of the film, in view of the campaign for "clean moving pictures."

Much cooperation was needed to make the showing of the film a success. We are very much indebted to the Very Rev. Msgr. John M. Hilpert, Diocesan Director of the Propagation of the Faith in Brooklyn, and to the Rev. William Kelly, of New York, who obtained the necessary permissions for us. Many priests, sisters, and friends helped the Sisters in a great variety of ways. The generous hospitality offered to our Sisters everywhere was an invaluable help. Our heartfelt thanks to all the Samaritans who helped us in our endeavors to apply the parable of our Lord!

Larger Quarters Urgently Needed

When the Sisters who have been attending school returned to the Motherhouse for their summer vacation, our four small houses became filled to the doors. With the advent of a new group of postulants on August 1, the Superior will be literally like the old lady in the shoe! Therefore we ask all our readers to implore good St. Joseph to procure for us larger quarters in the near future.

INDIA

Rawalpindi

Recently Sister Mary Laetitia, Superior of Holy Family Hospital, was appointed to the Board of Examiners for nurses in north India. It is customary for the examiners to go to the training schools periodically to hold examinations. After her first experience, she wrote:

"I just returned from my first tour. There was not a Catholic mission hospital among all those that we visited. I always realized, but never so vividly, that there are practically no Catholic hospitals in India. Think of all the good that is being left undone because of the dearth of Catholic Medical Missionaries! Nearly all the hospitals had literature on birth control conspicuously placed where it was available to all. What a dreadful impression the Indians must have of Christianity, because even they realize that that sort of thing is morally wrong."

Sisters Mary Magdalene and Joseph Get a Glimpse of India's Ancient Grandeur

After a sightseeing trip the former writes: "Delhi holds special interest for a newcomer to India because of its ancient and modern achievement in architecture. New Delhi, the creation of the British Government, is a modern and spotless city. The government buildings are spacious and excellently planned and built, and the grounds are like a park. Not even the fountains are missing! Everything is modern and up-to-date. Going through the buildings, one can almost fancy oneself in the heart of London.

"Old Delhi exhales the atmosphere of the middle ages. The tower of Kutab Minar was begun in the thirteenth century. It is 238 feet high and full of rich carvings. From the top one has a magnificent view. The first Mohammedan university was built there in 1310 and illustrates the architecture of that period. We saw, too, the famous Moghul Palace or Fort, as it is now called, which was completed in 1648 under Shah Jahan. The Pearl Mosque is a building of unsurpassing beauty. It is made of white marble and each of its many slender columns bears an embossed lotus. Probably the finest building in the Fort is the Hall of Audiences. It is constructed entirely of pure white marble and around the top runs that famous inscription: 'If there is a heaven on earth, it is this, it is this.'

"We stopped also in Agra and saw the beautiful Taj Mahal. The marble mausoleum in its green setting, the stillness of the garden and the fountains spraying softly gave us that thrill which comes with the finding of quiet and peace. We returned home realizing that alongside the poverty and squalor of India there is much magnificence and beauty.

First Experiences of Sister Stephanie in India

All that I read in the MEDICAL MISSIONARY long ago I now see in reality, and even more. Do you remember the story of the chicken that was tied to the leg of the patient's bed until such time as it would be needed for soup? My experience was even better—the chicken laid its daily egg on the patient's bed! However, after two days the chicken disappeared because we announced to the relatives in no uncertain terms that if we should see it on the bed again we would kill it.

The patients are allowed to have one relative to stay with them. It took me days before I knew which one was the patient as it just happened that at the time I arrived most of our patients were up and about. I had a lot of fun taking care of an Indian patient who had had a major operation and who was very sick for a few days. The only thing I understood was "salaam sister sab and pani," but in spite of this the patient soon recovered and has returned to her home!

At times it is not so easy. Not knowing the language makes one feel very foolish, and everything seems so strange, but this is a stage we all must go through and soon it will be over. The best thing is not to stop and think about it but go ahead with one's work. There is always something to be done. They found work for me in taking care of the European patients and helping in the wards and dispensary, and I enjoy it. The days pass quickly and, all in all, I am very happy in India.

Riots Prevent Father Mathis' Visit to Palestine

Because of his keen interest in the topography and historical setting of the Holy Land, and of Bethlehem in particular, Father Mathis had planned to spend a week there on his way to India. The following news was received from him just as our last copy was going to press:

"We had everything arranged to stop at Palestine, but when

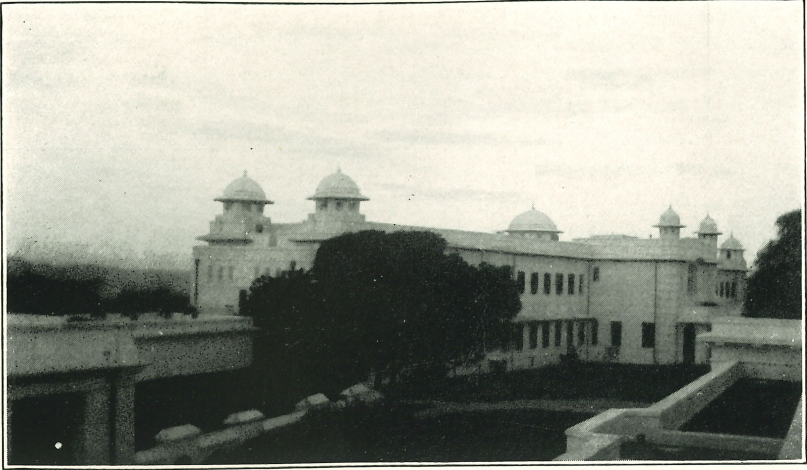
we arrived at the harbor of Haifa we decided not to get off on account of the unsafe conditions in the Holy Land. This we did despite the assurance of the steamship officials. I am glad now that we changed our plans, because we have learned since from people who had been in Palestine and embarked at Haifa, how really serious conditions are. The general strike seems to have been of Arabs and Christians against the immigration of Jews. We met three priests and several gentlemen, one a distinguished English member of the Papal Camera at Rome, who came on the last train out of Jerusalem. They told us that an Austrian had been killed.

"Shops are closed everywhere, and no means of communication are available except the railway, and now that, too, is threatened. Autos that venture on the road are stoned, and nails are placed to cause punctures. One man succeeded in getting a car to take him to Galilee, a distance of about 75 miles, at a cost of \$70—almost a dollar a mile! Even then he had to go under military escort, but he reached his destination despite stoning and punctures.

"We arrived in Alexandria in the evening of May 22. I phoned His Excellency, Sesostres Sidarsus Pacha, the former Egyptian Ambassador to the U. S. A., whom I knew in Washington. His son met us at the station in an American car and took us to a hospice conducted by German sisters. The next day we had an excellent dinner, served in true Egyptian style, at the home of His Excellency. After a siesta (for the afternoon sun is unbearably hot here) we took a few pictures, and then about 6 p. m. our host, himself, took us on a long motor trip to the pyramids. The sun had gone down when we arrived, but His Excellency insisted on taking more pictures. It was a wonderful and really instructive visit. We even climbed on hands and knees into old monuments to see the latest discoveries that are being made daily. But what was most interesting of all was the peaceful and refreshing quiet of night in this desert about the pyramids. I shall never forget the Sphinx's profile in the gathering darkness and the faint glow of a new moon. No wonder that the monks of old came here, and that the great men of today spend week-ends in the deserts as we in the States at the seashore.

"Before getting off at Alexandria we met a very hospitable Egyptian Catholic lady. Tomorrow she will take us to the museum, where we will see more of the glories of old Egypt."

IN NORTHERN INDIA WHERE



Mitford Hospital, Dacca, India



Two Tasks at Once

THE MISSIONARIES ARE FEW



No Labor Saving Devices for Darjeeling Women



Himalaya's Eternal Snows

GOING "ABROAD"

With this year's holiday season approaching and the call of far-off lands in our hearts, we, novices and postulants included, went abroad. Father Mathis took us with him—in a box! A box containing pictures of our sisters at the Motherhouse, our missionaries at work in India, and a large group of statuettes, depicting an impromptu surgical clinic amid Kashmiri mountain scenery. This has since found its place in the Medical Mission Museum of the Dutch Medical Mission Committee.

The museum is a feature of the medical mission activities in Holland. It comprises more than 300 models, pictures, posters, etc., of tropical diseases and various topics of medical mission interest and is used for teaching and propaganda purposes. As the work done by the missionaries to relieve the medical need in the missions forms naturally an important section in this museum, and since the five Dutch members of our Society constitute the pioneer medical mission band from Holland, we were invited by the Dutch Medical Mission Committee to take part in their medical display. Thus it came about that we, that is to say our pictures, went abroad.

Since our arrival in Holland we were not left idle either. Early in May our exhibition was shown at the mission exposition in Ginneken, where Miss Nellie Harte, a sterling friend of ours, explained our work to the Bishop of Breda, Monsignor Petrus Hopmans. One of the mission Bishops, Monsignor Oomen, was especially impressed by a group of native midwives. As His Excellency said, "The success of many mission fields will depend on maternal welfare work."

The Dutch Medical Mission Committee has thanked us for our contribution, but it is difficult for us to express our appreciation for their generous cooperation and large-hearted collaboration in our common cause.

We sent our pictures to Holland, but we sent with them our medical mission hopes and above all our prayers. We trust in Holland's response, for its 3,000,000 Catholics give to the Church 10 percent of all foreign missionaries.

“MIGHTY OAKS FROM LITTLE ACORNS GROW”

Five years ago, Mother M. Gonzaga and Mother M. Agnes, of the Sisters of Mercy in Auckland, New Zealand, visited the United States to study hospitals in preparation for building one in their own city. Through an old friend, Miss Agnes Regan, of the National Catholic Social Service School of Washington, the two Mothers heard of our Society, and, although we had nothing grand to show, they honored us with a visit.

They were interested in the aims and scope of our apostolate; I suppose having been pioneers themselves, they could understand us better than many others. As they kept up friendly relations with us ever since their visit, it was a real joy to us to hear of the realization of their hopes and plans. The account of their persevering efforts and labors is an inspiration to us, and we are sure that it will also be of interest to our readers. We shall give the story in a nutshell:

The new Mater Misericordiae Hospital, with its spacious grounds, situated upon the lower slopes of Mount Eden, has a history behind it; a history of an ideal conceived at a time when schools and orphanages were foremost in the campaign plans of apostolic laborers, and the care of the sick was confined mostly to amateur assistance given as the occasion arose. But those pioneer Sisters of Mercy clung to their vision of an organized center for the dispensing of professional medical services. Amid the teaching and caring for orphans, they also attended to those in physical distress. Now the work, which had its beginning in odd moments snatched for the relief of the suffering and haphazard visits to the slums and byways, has become an independent and important unit in the Catholic life of the community.

The Sisters of Mercy began their work in New Zealand in April, 1850. Among those early pioneers was Mother Bernard, who was one of the band of Sisters whose assistance was sought by Florence Nightingale in the Crimean War. Mother Bernard's greatest dream was to see a hospital opened in Auckland, for all classes of people. Mother Bernard died rich in years and good works and left a legacy of great ideals. How deeply these were implanted in her successors, how faithfully they were carried out, is testified in the building so recently dedicated.

Probably none deserve more credit for this realization of an old nun's dreams than Mother Gonzaga and Mother Agnes. It was they who planted the seed in 1900, when a private home was converted into the first Mater hospital. God was good to them; they lived to see the flower of that seed open into full bloom 36 years later.

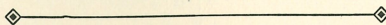
What a spirit of enterprise animated and still animates the Sisters is best seen from the example of Mother Agnes, who did not hesitate to take up a course of obstetrics when she found that it was one of the requirements of a recognized training school that the matron be qualified to teach it; and that at the age of 60 or more!

But the Mothers have realized their dream. Tribute to the success of their plannings can be summed up in the words of Sir Robertson, who describes the institution as the "most modern hospital of its kind in New Zealand." Nor has the Government been slow to show recognition to the unflagging work of the Sisters. The certificates for nursing granted by Mater Hospital will have official recognition. The public hospital of Auckland already possessed this privilege, and this is the only place in New Zealand where there are two training schools in one city.

The esteem in which the Sisters and their work are held was borne witness to by the crowd of thousands which gathered for the dedication ceremony. Bishop Liston presided at the function, and the actual blessing was performed by His Grace, the Most Rev. Thomas O'Shea, S.M., D.D., Archbishop of Wellington and Metropolitan of New Zealand. He was assisted by members of the hierarchy and the local clergy. Representatives of the Government, of local bodies, and of the medical profession were gathered on the platform, and all were unanimous in praising the work of the Sisters and in wishing them every success in the future.

Nor was this mere conventional commendation. The thoughtful have realized that they have here more than a mere collection of rooms which will shelter a certain number of broken and suffering bodies. This building is a concrete expression of a Catholic ideal, a unit in a vast company of similar institutions. "The Catholic ideal of life," said Bishop Liston in his opening address, "is this: the strong shall help the weak, and those who have been blessed by God with gifts of mind or heart or with material riches shall share with the less fortunate and use their abundance or their strength to help their neighbor in the day of need or suffering. This is the Catholic ideal because it is the spirit of Christ. . . . The noble ideal of Christian charity is linked in the Mater Hospital with the splendid gifts of

expert skill and advanced science. The motive of the Sisters' life and work is Christ, the measure of their giving is Christ, the standard of value in giving is Christ." These words of Bishop Liston are not just a panygeric of an isolated and singularly successful effort to further the work of the Church; they are a public tribute to a branch of Christian activity which has proved its fitness to stand as an independent factor in the work of spreading the Faith—a factor which has illustrated that "service of the sick" can be translated into "service of God."



CATHOLIC ACTION OF THE UNIVERSITY OF LOUVAIN IN THE FIELD OF MEDICAL MISSIONS

Ten years ago several professors of the Catholic University of Louvain discussed ways and means of promoting missionary work and of seconding the government of the Belgian Congo in its admirable efforts to improve the sanitary conditions of the people of the colony. Out of these deliberations, an organization was born which set as its goal the establishing of medical centers for the treatment of the sick, for research and for the training of native assistants. This organization was named Fomulac.

Already two centers have been established: a hospital in Kisantu, which is a railway center in the lower Congo at the west end of the colony, the other at Katana on the shore of Lake Kivu, on the eastern boundary.

The Hospital of Kisantu was begun in 1926 and finished in 1930. It has ten buildings which can accommodate sixty to seventy native patients and five to six white patients. Two doctors are attached to it, one for surgical and maternity service, the other for internal medicine and the laboratory. In 1934, 1,043 in-patients were treated. There were also 124 maternity patients, despite old prejudices which the native women overcome only with great difficulty. It is needless to emphasize the happy reaction a flourishing maternity department has on the infant mortality, which, however, is still high.

Besides the central hospital, the Fomulac attends to the medical care of the neighboring region, a radius of approximately fifty miles. The population of this section is estimated at 60,000. Aided by the Queen Elizabeth Fund, the Fomulac there established a certain num-

ber of dispensaries, either near the mission centers or in the chief villages. These rural dispensaries are the tentacles of the Fomulac. They are not only necessary for the purpose of providing patients for the central hospital, but by means of them it is possible to gain the confidence of the natives, to extend more and more the influence of its sanitary work and to render it truly efficacious.

The region of Kisantu, on the whole, enjoys satisfactory health conditions. Strictly speaking, the Fomulac of the Lower Congo does not consider the medical service the principal part of its work. In this locality it attaches more importance to the question of educating medical assistants.

At Katana, on the contrary, in spite of a climate much more favorable than that at Kisantu, the sanitary conditions of the native population leave much to be desired. The shores of Lake Kivu, like the territories of Ruanda-Urundi, are densely populated. Although serious illness does not decimate the population, yet its vitality is sapped by a widespread occurrence of yaws and of sloughing ulcers. It is among these bush people that the medical work is carried on most intensively. The hospital of the Fomulac, which was begun in 1930, is now near completion. As at Kisantu, it has provision for sixty to seventy native patients and from six to seven white patients. Two doctors are stationed there.

Doctor Leblanc is in charge of the laboratory. Being an eminent parasitologist, he is equipped to contribute to the still scant knowledge of tropical diseases. At Katana also the work of the Fomulac extends over a vast area where it pursues a systematic struggle against yaws.

THE SCHOOL FOR NATIVE MEDICAL ASSISTANTS

At the initiative of the University of Louvain, the Fomulac began medical education in the Congo with the intention that its development would keep pace with that of civilization. It is planned to establish a medical school such as exists in the neighboring colonies of Dakar and Uganda. If the present progress of the colony imposes a responsibility toward the natives, the colony also is necessarily obliged to face the enormous expenditure for sanitation. However, other considerations than those simply economical have influenced the Fomulac in the choice of its program. The rapid and considerable progress made in the Belgian Congo during the last thirty years has not permitted the moral progress to develop side by

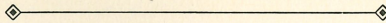
side with material progress. Ruthlessly, the negro has been pushed from the simple life of the primitive man to the agitated life of the so-called civilized. Is it a wonder that pagan materialism and communism are a real menace to the colony? Only a native élite, well grounded morally and profoundly Christian, can avert the danger. It does not suffice to have only native priests. All the social leaders of the many departments must be imbued with high ideals. This, then, is why the Fomulac has undertaken by its medical organization to contribute its share to the preparation of the élite.

As soon as the Fomulac opened the hospital of Kisantu, a training school for nurses was established. It is now recognized by the state. From 1930 to 1934, twelve nurses received diplomas from this school.

The Fomulac is now in a position to provide more advanced courses for medical assistants, who are intended to be helpmates for the doctors in the struggle against the serious endemics which still decimate certain parts of the colony.

From the foregoing it is evident that the scope of the foundation is vast. The results obtained after ten years are encouraging.

One last word concerning the resources. The ordinary budget is, to a great extent, assured by government subsidies which cover the salaries of the doctors and the cost of medicines. The remainder is provided by contributions of its members, by some subsidies allotted by certain colonial societies, and from medical fees paid by white people. The buildings, which have cost more than six millions of Belgian francs, have been built mostly through the charitable donations of individuals or various societies.



THE INTERNATIONAL PRESS EXHIBITION

On May 12, in the midst of an international assembly of cardinals, archbishops and bishops who had come to offer their homage at the beginning of His eightieth year, Pope Pius XI inaugurated the World Exhibition of the Catholic Press.

The Exposition, which is the first of its kind in the history of the Church, presents an international achievement in Catholic press activities as well as a vivid picture of Catholic life and action in the civilized world of today.

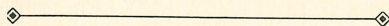
For us it is very interesting to note the place and space which has been marked out for mission publications, as well as the contributions of the mission countries themselves. Three halls alone have

been assigned to the mission countries of Asia, Africa and Oceanica; while the Orient has still another.

It was the wish of His Excellency, the Most Reverend Amleto Giovanni Cicognani, D.D., Apostolic Delegate to the United States, that this country be fittingly represented by "all who labor in the cause of Catholic journalism."

The United States National Committee of the Press Exhibition appointed the Department of Architecture at the Catholic University to execute its plans.

Although the exhibition is to last for six months, during the first days thousands of pilgrims from France, Austria, Germany, Holland, Hungary, Croatia, Switzerland and Italy visited its halls. It is hoped that before the closing, people from every country will avail themselves of the opportunity of seeing this new demonstration of their Faith, in which we deem it a privilege to be able to participate through the MEDICAL MISSIONARY and some photographs of our work in India.



OUR DEBT OF GRATITUDE TO BISHOP WALSH OF MARYKNOLL

While at the Catholic Press office in Peking, directed by the Reverend Father Dietz, M.M., I heard of the death of the Most Reverend Bishop Walsh of Maryknoll.

That Bishop Walsh's desires for the good of the missions went beyond his own great work, I myself had the privilege of experiencing. When I came to the United States twelve years ago to arouse interest in Medical Missions, His Excellency sent for me one evening to meet him at the headquarters of the Medical Mission Board in New York. I remember very well that he said: "Medical Missions at last! We needed them long ago!" He inquired what I was doing to achieve my purpose. Apparently he realized that I was totally inexperienced to convey my message. After listening to me for a short time he said: "What you *need* is publicity." That gave me a terrible shock, but opened my eyes.

Bishop Walsh gave me in a few words a wealth of experience which I have never forgotten. The Founder of Maryknoll did much to interest the people of the United States in missions. We also, no doubt, reap some of the seed he has sown and we owe him gratitude and prayers for it. To the Priests and Sisters of Maryknoll we extend our belated but sincere sympathy.

ANNA DENGEL, S.C.M.M.

DEATH CALLS FATHER PASCHASIUS, O.C.D.

On May 18th the great and holy soul of the Very Rev. Paschasius Heriz, O.C.D., was called to its eternal reward. This true son of St. John of the Cross labored long and faithfully in the vineyard of his Divine Master. Born in Spain in 1867, he pursued his secular and theological studies in that country. Shortly after his ordination he was sent to the Carmelite mission in South India, where he labored for fifteen years, leaving permanent marks of his apostolic zeal. At the end of this time he was sent to America.

It was in 1916, after several years in Arizona, that Father Paschasius came to Washington to found a Carmelite monastery in the nation's capital. From that time until his death he continued to spend himself generously in the service of his Master. Within the order he held the offices of Prior and Master of Novices for many years, and despite these exacting responsibilities he yet found time to give retreats, to preach missions and to assist other religious communities. He labored incessantly that souls might love God more. No effort was too great, no fatigue was noticeable if by his help a single soul could acquire an added degree of holiness. Simple and humble and poor in spirit, this great priest of God had but one interest in life—to pray and work for the glory of God and the spiritual welfare of souls. His advice and guidance were sought by the mighty and the lowly, by young and old, by souls in the cloister and souls in the world. He was recognized as an authority in the realm of the spiritual.

Our little community deeply mourns his loss. In the autumn of 1925, when he heard of our foundation, he paid us a visit, bidding us have courage and assuring us of the great need of a community of Medical Missionaries. Having been in India, he fully realized the need of medical assistance in mission lands, and he expressed great happiness over the foundation of the Society. From that day, Father Paschasius was our father, friend and adviser. Frequently he came out on Sunday afternoons to give us a conference, or on feast days for a friendly visit. During the last years of his life much of his precious and much-sought-after time was given to our community.

His mortal remains lie in the shadow of his monastery, his holy and pure soul has gone to heaven to enjoy forever the Beatific Vision, but his ideals will continue to live in the hearts of his spiritual children who are left on earth, and his fatherly interest in their welfare will continue until they are all safe with him in paradise. He returned to his Creator with his sheaf, golden, bowed over and heavily laden. To him we pay our tribute of praise and loving gratitude, and with the Carmelite order we grieve over the loss of one of its greatest sons.



The Very Reverend Paschasius Heriz, O.C.D.

**This Time the
Patient's Home Is
On a River Raft,
Dacca**



**Enjoying a Ride
Up the River**

OUR SAVIOUR AND MEDICAL MISSIONS

BY REV. MICHAEL A. MATHIS, C.S.C.

"The Medical Contribution of Catholic Missions,"* by Dr. Thomas Ohm, O.S.B., is the first critical study of a subject in which the members of our Society have invested their very lives. Hence, it is no wonder that this book has been hailed with enthusiasm by the Society of Catholic Medical Missionaries, and it is now high time to review it in our official organ.

First of all, I pledge in behalf of the Society the deep gratitude of its members to the Reverend Benedictine Professor of Würzburg University, Germany, for all the painstaking labor and for the scholarly lore he brought to the task, and also for the sympathetic and accurate notice he took of our apostolate.

Secondly, a mere review of so important a book to us and our friends would not be commensurate with our interest and concern. Hence, I have decided to write a series of articles in an effort to share with our readers the golden nuggets of information and inspiration unearthed in this work.

Thirdly, since Dr. Ohm's book is a pioneer work in a vast and varied field, it would be extraordinary if even this distinguished author has said the final word on every question. Indeed, it is Dr. Ohm himself who points out, in the foreword, both the possibility and the probability of corrections. Accordingly, if I take exception to certain views and conclusions, it will be readily understood that this in no way lessens either my esteem of, or gratitude to, Dr. Ohm. I feel that I should make special note of this fact here because it just so happens that perhaps my chief criticisms will be on the opening chapter. Without this explanation, our readers might gather from the first article that they are in for a series of controversial treatises which the sequel will not justify.

"Jesus Christ and Medical Missions" is the title of the first chapter. In a brief introductory paragraph the author pointed out why

* Thomas Ohm, O.S.B., *Die Ärztliche Fürsorge der Katholischen Missionen*, St. Ottilien, 1935.

he begins his book with Our Blessed Lord, namely, for the reason that medical missions must be traced back to Him. About this and the closing paragraph I shall have more to say, after briefly summarizing the contents of this chapter. Its theme is unfolded in four considerations: Jesus' conception of and conduct toward corporeal life and sickness, the character of His cures, His motive in curing the sick, and the mission to the ill which He entrusted to all Christians.

JESUS' CONCEPTION AND TREATMENT OF BODILY LIFE AND SICKNESS

These are shown to be largely in contradiction to the views and practices that obtained amongst ancient pagans and Jews as well. Whereas, pagans in both theory and practice so often either exaggerated the value of bodily life, by legitimatizing even its basest instincts, or depreciated it, by tracing its origin to evil influences; and whilst even in the Old Testament, despite its higher conception of the human body, there is yet no corporeal salvation in the Christian sense; Christ not only keeps the mean between pagan extremes but also contributes new conceptions and original practices in favor of the body.

These unique Christian features are shown particularly by the Incarnation and its consequences in behalf of the human body, notably: the inherent dignity of human flesh through the assumption of it by the Divine Person of the Word; His resurrection and ascension as typical of our own; the Divine origin of human life through special creation; the participation of the body in the life of grace and the sacraments; the body's share in redemption, salvation, and eternal life.

Equally innovating is Christ's conception of sickness. Whereas among pagan peoples, both cultural and aboriginal, sickness is so often looked upon either as a moral evil or attributable to external enemies, such as demons; and whilst even among the Jews the notion that disease is the work of evil spirits was common; Christ, though He recognized some physical ills as the consequences of personal sins and others as connected with diabolical possession, yet, with these exceptions, He regarded sickness as a natural and providential happening through which God's mercy and love can be manifested.

THE CHARACTER OF HIS CURES

To understand the unique character of these cures, the author briefly describes the hard lot of the sick in both pagan countries and Palestine and points out the fact that the organized care of the sick

in the Christian sense of the term was unknown before the advent of Jesus. Then follows a brief but fairly comprehensive summary of Christ's cures, as described in the Gospels, miraculous healing of disease in general and of others in particular. It is their cumulative effect that is so impressive.

More determinative, however, of the true character of Jesus' cures is the manner and motive of His action. His cures were wrought neither after the manner of the medical practitioner and the man of science nor by hypnotism and suggestion: they were wrought only by a word spoken with authority and motivated by a Divine sympathy with human affliction as part of His Divine Mission from His Father. Thus all Christ's cures were acts of Divine love.

THE AIM AND RESULT OF JESUS' CURES

These also were unique. Jesus' aim was not to support himself, as is one of the very worthy motives of medical practitioners, nor was it human glory nor personal advantage. Jesus never accepted gratuities for cures wrought. He even specifically interdicted the motive of profit in cures wrought by His disciples on the principle: "Freely have you received, freely give" (Matt. X, 8). As for personal glory, He frequently warned those cured by Him not to speak of it to others.

Jesus' first motive was sympathy with human suffering. "I have compassion on the multitude," although spoken specifically of the crowd who followed the Master without food into the desert, may be justly applied to practically every cure of bodily disease because the Master's sympathy with human suffering is shown again and again in His miracles of healing.

The principal motive of Christ's cures, however, may be seen in the part they played in the realization of His kingdom on earth. This reign of God was to be over men's bodies as well as their souls, just as by original sin God's kingdom was originally broken by sin and repaired in body and soul by the Saviour. In a few words, Christ's salvation was for the human being as a whole, his body as well as his soul. So important was the salvation of the whole that if need be a part of the body would have to be sacrificed to attain this end: "If thy right eye scandalize thee, pluck it out and cast it from thee. For it is expedient for thee that one of thy members should perish, rather than thy whole body be cast into hell" (Matt. V, 29).

The part which bodily cures played in the realization of God's

kingdom was precisely that they served to heal the soul by reason of the close connection between body and soul. Indeed, so universally was this the Master's practice that where He found no Faith He worked no cures (cf. Matt. XIII, 58).

It was especially in removing obstacles to salvation that bodily cures were effected, by breaking the personal reign of Satan over men's souls, through the expulsion of demons, and in disposing earthly and bodily minded men to rise to the spiritual and supernatural character of Christ's Kingdom. All His miraculous cures showed men either directly or indirectly His Divinity, and many of them revealed special features of His Kingdom; for example, forgiveness of sin (Matt. IX, 1-8), and His messiahship as foretold by Isaias (Matt. XI, 4-6).

Not only were miraculous cures wrought to prepare men for His Kingdom but also to reward and strengthen faith (cure of the centurian's servant and of the woman with an issue of blood).

Our Blessed Lord's highest and controlling motive, however, was God's glory. This is explicitly stated in the case of the cure of the blind man concerning whom His disciples had inquired: "Rabbi, who hath sinned, this man, or his parents, that he should be born blind? Jesus answered: Neither hath this man sinned, nor his parents, but that the works of God should be made manifest in him" (John IX, 2, 3). In a few words, sickness furnished an occasion to reveal God's power, His grace and His love, and thus gives Him glory.

THE CHRISTIAN MISSION TO THE SICK

Finally, Jesus entrusted the cure of the sick to His disciples and through them to all Christians. "As the Father hath sent me, I also send you" (John XX, 21). Christ's mission was to save man's body and soul for a supernatural life in His Kingdom. He performed His mission in word and deed, and so must His disciples. That the cure of the sick was one of the characteristic features of His mission there can be no doubt. Hence, it is altogether in order that Jesus should specifically mention it in His charge to His disciples when He first sent them to preach: "Heal the sick, raise the dead, cleanse the lepers, cast out devils" (Matt. X, 8). Likewise in His last and most significant mission command, just before His ascension into Heaven, healing the sick is specifically enumerated: "Go ye into the whole world and preach the Gospel to every creature. . . . And these signs shall follow them that believe: In my name they shall cast out devils; they shall speak with new tongues. They shall take up

serpents; and if they shall drink any deadly thing, it shall not hurt them; they shall lay their hands upon the sick, and they shall recover" (Mk. XVI, 15-18).

If the first and last paragraph of this chapter had been omitted I think the book would have been improved. In the first, the author makes the observation that medical missions go back to Christ as Founder but not medical missions in the organized professional sense in which we know them today; and in the last paragraph he concludes by saying that it is obvious, from the foregoing, that Jesus had in no way thought of medical missions as they are conducted today by professionals, that He had only preternatural cures in mind, not modern science and organization, and yet that we may say the care of the sick lay within the scope of the Master's plan if the cure of the body was motivated by the cure of the soul.

In criticizing these generalizations, it seems to me important to observe that there is no proof that Jesus limited His commission to cure the sick to preternatural means. Nowhere does He say so. Of course, we know that all His cures were miraculous. That He Himself should follow this method is warranted not only by the incongruity of His Divine Personality being mixed up in professional procedure, which obviously varies with the status of medical science in different epochs, but also by the usefulness of miracles in establishing His Kingdom. That His Apostles and their immediate disciples should employ the same means to cure the sick is obvious enough from the two-fold fact that, with the exception of St. Luke, none were medical practitioners and that there still was the need of proving the Divinity of Christianity by miracles.

With the establishment of Christianity, the charismatic gift of healing, like those of tongues and prophecy, etc., gradually subsided as a more common feature of Christian life than was subsequently the case. Though the charismatic gifts ceased in this sense, they have never altogether disappeared because again and again they have been given, especially to the saints throughout the ages. The miraculous cures of St. Francis Xavier are examples.

Since these gifts were extraordinary graces for the benefit of others, their gradual cessation in the early Church must also have been within the scope of God's plans, as must also have been the necessity to use natural means, with the assistance of ordinary grace, for the continuation of Christ's Mission in the world. As a matter of fact, missionaries today do not ordinarily depend upon the charismatic gift of tongues for the important mission of the preach-

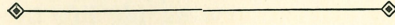
ing of the Word but rather upon hard study and practice in the various languages they are called upon to use. Neither do missionaries ordinarily depend upon the charismatical gift of healing the sick but rather upon such natural means as they possess. Accordingly, it seems to me that Our Lord must have had in mind the curing of the sick by science and skill when the charismatical gift of healing was no longer given. Otherwise, there would be no practical way of continuing Christ's mission to the diseased.

I also question Dr. Ohm's use of the term "care" of the sick as the distinguishing feature of Christ's thought, practice, and commands in behalf of the diseased. I do not recall a single instance where Jesus used this term or any synonymous expression. On the contrary, Jesus uses the phrases "heal the sick" and "cure the sick" and translates these ideas into action so frequently by effecting cures that they have become characteristic of Him. "Healing the sick" or "curing" them means the doing of something effective to relieve this form of human misery, whilst "care" of the sick designates the doing of anything in their behalf but not necessarily using the means adapted to cure where that is possible. The importance of this distinction lies in this: if Our Lord's command is merely to care for the sick then we need not necessarily take effective means to cure them, whereas if the Master's commission is to "heal the sick," then we must take effective means to bring that about in so far as it is possible.

With the exception of charismatical gifts, these means are medical science. It is precisely for this reason that it behooves missionaries to use professional medical personnel and not just any inadequate means to aid the sick.

Finally, in what sense is Jesus the Founder of medical missions as conducted by professionals? Dr. Ohm says that Our Lord had not such missions in mind when He commanded His disciples and through them all Christians to "heal the sick" and that He thought only of charismatical cures and at most of the "care" of the sick if such had for its object the healing of the soul. It seems to me that I have already proved that, on the contrary, Jesus must have had professional medical missions in mind if His object was the "cure" of the sick and if He intended His disciples to effect these results, in so far as that is possible, by human means at a time when the charismatical gift of healing was no longer given. It is the only practical way in which it could be done. Hence, I would say that Our Lord is the Founder of medical missions conducted by profes-

sionals in the same broad sense in which He is the Founder of the mission of the preaching of the Word, of which Dr. Ohm admits Jesus is the Founder, and which is no longer conducted by the charismatical gift of tongues but by ordinary grace and the science of linguists, ethnology, philosophy, and theology.



THE XIVth MISSIOLOGICAL WEEK OF LOUVAIN WITCHCRAFT IN MISSION LANDS

The XIVth Missiological Week will be held at Louvain from the 27th to the 30th of August, 1936. The subject will be Witchcraft in Mission Lands.

This question regards not only specialists in religious ethnology but forms one of the most embarrassing problems in practical missionary work. It has, for some years, been engaging the attention of governments and colonial institutes, but the so-called sorcerers, the secret societies and magical practices continue to play a preponderating role in the psychology of the indigenous people. Contact with European civilization and even conversion to Christianity, at least to certain dissident sects, seems often to accentuate these beliefs and to provoke disorders and crimes difficult to suppress.

Catholic missionaries, due to their more immediate contact with indigenous life, might contribute much towards the solution of this question. Besides, by pooling their experiences and observations they would gain valuable help towards their own apostolate.

The studies of the Missiological Week are reserved for missionaries and future-missionaries, without distinction of nationality or language. No formal enrollment is required for taking part in the proceedings.

The Organizing Committee undertakes to invite distinguished personalities of the scientific world to treat of such general subjects as colonial legislation in the matter of Witchcraft, the "medicine-men," etc., and papers read by missionaries from various parts of the world will analyze special cases coming under their experience. These are to be followed by a fraternal exchange of views, such as has always characterized the Louvain Weeks, and which helps in such a large measure to extend friendly relations and mutual aid.

This topic will be one of great interest to Medical Missionaries; anything that will lessen the influence of the occult powers in non-Christian lands, smooths the way for helping the people more effectively.

BLESSED MARTIN DE PORRES

Great interest has been manifested in all parts of the United States in the cause of canonization of Blessed Martin de Porres, the saintly Dominican Negro lay Brother, reports the Blessed Martin Guild of New York City. To us he appeals as a type of medical missionary of his own time, devoting his life to the relieving of the sick and the poor.

Martin de Porres was born December 9, 1579, in Lima, Peru. His father was Don Juan de Porres, a native of Spain and a Knight of Alcantara. His mother, Anna Velasquez, was a freed negress, a native of Panama. There was another child, Jane, younger than Martin, but after the birth of this second child the Spanish adventurer left the hapless woman to shift for herself and her child.

Martin's childhood was spent in rather squalid circumstances. However, from his earliest years he gave striking indications of his future holiness. The virtues of modesty, humility and charity for the poor, signalized this admirable little boy. He even became prodigal when faced with the poverty-stricken and did not hesitate to give away provisions which he had purchased for his mother at the market. In this fault, if such it was, Martin seemed incorrigible, even though he knew a beating was in store for him from his irate mother. The child soon became the talk of the town, and when Don Juan returned from Guayquil in Ecuador, he decided to make some amends for his neglect by sending the child to school. Martin attended school for two years, and then was apprenticed to learn medicine with a barber surgeon. The boy was just 12 years of age (1581) but yet this was intensely pleasing to him, for he now realized that he could learn a great deal that would help him to relieve the miseries of the sick and poor.

Martin was soon able to cure physical ailments, and he would never exact a fee from the lowly: the good he was able to effect was sufficient reward, and his own needs were mighty few. More and more Martin began to see the wide apostolate that lay before him.

In order that he might consecrate his work more closely to that of His Divine Master, he sought entrance into the Order of St. Dominic, and at the age of 22 he was received as a Tertiary at the Convent of the Holy Rosary. He chose the lowest place, but nine years later his Superiors told him to join the ranks of the regular lay Brothers of the First Order.

Martin's religious life is now an intensely interesting recital of

his growth in holiness and the extension of his charitable works, often of a miraculous nature. He was a model Dominican: he combined personal sanctity and a successful mission for the good of souls. Humility was his outstanding virtue, but his charity for the poor was certainly a close parallel. God favored his faithful servant by granting him heavenly graces and blessings. These he used in manifold ways for the good of souls and the relief of human suffering.

Martin was a veritable father of the poor; everybody in Lima knew Martin's charity extended to all races and classes in the cosmopolitan city: Indians, Spaniards, Negroes, Incas, the rich and the poor, dignitaries and the lowly in their hovels. All were the objects of Martin's ready charity and passion for alleviating human suffering. The abandoned waifs, the homeless gamins found in Martin a practical benefactor. Through him was erected a magnificent school and orphanage.

Perhaps the most unique phenomenon in Martin's life, certainly the most dramatic, was the strange power with which God endowed him of speeding unseen to lands far distant from Peru. He had always desired to spread the good news of the Gospel among the heathens and to give his life for the Faith. God seems to have desired that no barriers of space should hinder Martin's burning zeal. Accordingly, although he never was known to have actually left the shores of South America, witnesses well worthy of credence solemnly attested to the marvelous fact that they had known and seen this holy Negro on his mission of mercy among the poor and captives, the dying, in such remote lands as China, Africa, Japan, and Mexico. Those historically most certain are his magic visits to Mexico and Algiers.

Martin died November 3, 1639, but his mission of mercy still continues to the present day for those who confidently invoke his aid. Twenty-five years after his death his body was found incorrupt and lifelike. So many miracles were wrought throughout the whole world by his powerful intercession that he was solemnly declared a Blessed Servant of God by Pope Gregory XVI in 1837. His feast is celebrated on the fifth of November.



On May 8, Mrs. Bridget Mathis, mother of Rev. Father Mathis, was called to her eternal reward at the age of 76. We sincerely sympathize with Father Mathis and his family. A Requiem Mass was offered for Mrs. Mathis in our chapel. We ask our friends to join us in our prayers for the repose of her soul.

Current Medical Mission News

Important changes have been made in the medical work being done in Yasa, Africa. New dispensaries have been opened and the roads leading to them have been improved. During the past year, 14,666 new patients came to the dispensaries. Malaria and yaws were the chief ailments. An investigation of infant mortality showed that while the death rate was not as high as in the surrounding country, efforts must be made to lower it.—*Revue Missionnaire*, May, 1936.

A very happy instance of cooperation between a Catholic mission and the municipality of a town is reported from Shasi in Hupeh, China. The Vicar Apostolic of Ichang, Mgr. Gubbels, called to see General Siu Wen-tsuen, Pacification Commissioner for Western Hupeh, who previously had shown interest in mission schools, and said that the mission would be quite ready to help in the general welfare of the town by opening a secondary school and a hospital. Negotiations were immediately begun, and the town offered a very fine piece of ground about 7½ acres in extent on which the mission will erect the buildings. It is arranged that both the school and the hospital will be open within two years. They will be under the joint administration of the mission and the municipality, who will appoint a council of management of 13 members.

The need of a middle school and a hospital is very great, for the city is without either of them, though it has 200,000 inhabitants. Shasi is situated on the Blue River. It is the chief city of the mission area which is under the care of Franciscan Fathers from New York.—*The Rock*, May, 1936.

Archbishop Mar Ivanios has secured a mission doctor, Dr. Jacoby, from Germany. He has charge of a dispensary, which in time, it is hoped, will develop into a hospital. Besides this, Dr. Jacoby works in Nellikkakuzhi, south of Trivandrum, in a hospital which Mar Ivanios has bought recently from the Protestant missionaries.—*Die Katholischen Missionen*, June, 1936.

Three monks from the St. Bernard Hospice in the Alps have left to join other monks already in Tibet in forming a similar hospice in the Himalayas.—*The Universe*, February, 1936.

During the year 1934-35, the White Fathers cared for 4,869,114 sick in more than 200 stations throughout Africa.—*African Missions of the White Fathers*, March, 1936.

The second course in tropical medicine for Catholic missionaries at the National University, Dublin, Ireland, will be held from July 7 to July 25.

This is the only course of its kind held in the English speaking countries and had great success when it was inaugurated last summer by the Propagation of the Faith in conjunction with the medical faculty of the University. It was attended by 75 missionaries or prospective missionaries.

This year the course is expected to draw more than double this attendance, and will last three weeks—a week longer than last year's. It will be part of a six weeks' course which will carry over into next summer.

Similar courses are held at many continental universities. Not only is the knowledge acquired from these courses useful to the missionaries in helping others, but also for themselves. The Dublin course is being given by outstanding men in their special subjects; practical work is demonstrated daily at the Mater and Saint Vincent's Hospitals.

A NEW FORM OF MISSION ACTIVITY

The ever-growing enthusiasm of Catholics for the missionary conquest of the world for Christ, for which mission activities give ample proof, has expressed itself in the new form of Agricultural Mission Action inaugurated by the students of the University of Wageningen, Holland.

Under the leadership of Father Gregorius, O.M. Cap., the students of the department of agriculture of this university have pledged themselves to serve the missions by giving scientific aid to missionaries in regard to the cultivation of various types of soil, diseases of plants, by instructing missionaries in these matters and

(Continued on page 144)

INTERESTING ARTICLES IN FOREIGN MAGAZINES

"Le Mouvement Missionnaire Universitaire Protestant," by Paul Catrice, in "Bulletin de la Ligue Missionnaire des Etudiants de France," January, 1936.

An introduction to a series of articles that will deal with the Protestant Missionary Movement and its methods.

"Le Proselytisme Muselman parmi les Peuples Païens," by Yon de Olaeta in "Bulletin de la Ligue Missionnaires des Etudiants de France," January, 1936.

Musulmen to the number of 248,000,000 are preparing for an intensive proselytizing campaign in all tropical countries, especially in India, China, Dutch East Indies and Japan. Even Fiji and New Caledonia are feeling their influence.

"Importance Des Ecoles Catholiques Pour la Conversion du Japon," by J. Laures, S.J., in "Revue Missionnaire," April, 1936.

While Protestant influence in Japan is strengthened by economic considerations, Catholic activities are hampered by pecuniary, social and economic conditions. The latter will ultimately prevail because they are based on a true understanding of the Japanese character. They aim at establishing favorable contacts during the school years rather than at immediate conversions.

"Colonisation," by Pierre Charles, S.J., in "Revue Missionnaire," March, 1936.

The derivation and usage of the word "colonization" and the methods of colonization employed by different countries in various parts of the world are enumerated in this article. It is brought to a close with a summary of Christian principles that are necessary for true success in colonization.

"La Donna in India," by Modaelli Mario, in "Le Missioni Catto-liche," March-May, 1936.

A description of the true social status of women in India by a veteran missionary.

Book Reviews and Review of Reviews

L'AIDE MEDICALE AUX MISSIONS. Brussels, April, 1936.

A most interesting and fruitful meeting was held between several Vicars and Prefects Apostolic of the Belgian Congo and members of the A. M. M. and the Ladies' Auxiliary. Several practical points were discussed and an agreement between the missionary and the medical point of view was often obtained. The Vicars Apostolic in general tended to emphasize the necessity of extensive sanitation in regions infested with sleeping sickness, malaria, leprosy, etc., rather than intensive surgery. However, all agreed that obstetrical work is most necessary, and that more midwives, preferably religious, and native nurses wherever possible, are needed. Infant and maternal mortality is still very high in the districts which lack maternity and child-welfare centers.

The leper asylum of Ossiamo, Nigeria, directed by a woman doctor, Dr. L. Lengauer, is located in a country where an official census showed 90,000 lepers. In a short time this institution, the only one in Nigeria under professionally medical and Catholic management, has become a model leper colony socially as well as medically. There are at present about 210 patients, ranging from incurables to the slightly affected, living in cabins which together constitute a regular village. The number of Catholics among these lepers has been tripled in less than two years.

The annual report of the Ladies' Auxiliary shows that its activities have not diminished despite the depression. One hundred and forty mission stations have been aided financially in the course of 1935.

Finally a number of letters from mission doctors in the Congo were published.

MEDISCH MISSIE MAANDBLAD. Edited by the Dutch Medical Mission Committee, Rotterdam. November and December, 1935, and January, 1936.

Two medical articles open the November issue of the *Medisch Missie Maandblad*. The first is a treatise on scabies by Dr. Bloemen,

a well-known dermatologist. The article mentions the etiology, symptomatology and the treatment of this common malady in the tropics. Following this there is a discussion of pharmacological principles and some practical hints on the administration of drugs.

Convinced of the need of professional advice to missionaries who are doing medical work without having had special training, the Committee has opened a new department called "Questions and Answers." Any questions, problems and difficulties sent to the Committee will be answered briefly and simply under this heading. This simplifies the medical instructions, and makes the letter of one missionary valuable for many others. The "Chronicle" concludes this number.

In the December issue we find an interesting article on dentistry, written especially for missionaries and discussing several simple ways of relieving toothache.

The department "Questions and Answers" is continued and has found a great many clients, interested chiefly in the matter of treatment.

"The Struggle Against Leprosy in the Dutch West Indies" relates 10 years of hard work for the decrease of this dreaded disease. The work is hampered by the lack of cooperation of the native population, which does not regard leprosy as being contagious. Good results are expected from the preventive measures adopted among the school children.

The January issue is filled almost completely by two articles written by Dr. Hermans, "Nutrition" and "Acclimatization." The two topics complete each other splendidly. A treatise such as this should be read by everyone who is going to visit or to live in the tropics. It combines medical insight with practical knowledge of the tropics, being thorough and simple.

ZEITSCHRIFT FÜR MISSIONSWISSENSCHAFT. Prof. J. Schmidlin. No. 3, 1935, and No. 1, 1936.

After 25 years of diligent labor, the *Zeitschrift für Missionswissenschaft*, by the voice of Dr. Laurens Kilger, O.S.B., one of its oldest and staunchest contributors, recalls with gratitude and gratification this quarter century of true organized mission science, which was ushered in by the foundation of this magazine. Although many reviews in different languages have been added to our present day expression of mission history and mission science, yet the ZM. is still

"facile princeps." There is hardly a field or a branch of the extensive group of missionary sciences in which the ZM. has not contributed profound studies and comprehensive surveys. Mission history was its first love, but mission theory and especially missiography have not been forgotten. Only the future will ever be able to estimate its true value of wealth of book reviews and bibliographies collected in these 25 volumes!

Closely related to this jubilee is the twenty-fifth anniversary of the "Institute for Scientific Mission Research," established in Münster in August, 1911. Besides the publication of the *Zeitschrift*, this Institute may point with pride to the "Bibliotheca Missionum," of which eight volumes already have appeared, and to the numerous and diversified publications of its members, covering practically the whole field of mission science. That the institute has not neglected the power of the spoken word is shown by the number of courses, conferences, and congresses which it has led and instigated.

Unfortunately, the moving force of all this, namely the activity of Professor Schmidlin as professor of mission science at the University of Münster has been cut short unexpectedly when in 1934 he was forced to retire. Professor Bierbaum has taken over part of this work, which has produced well-known scholars as Freitag, Thaurén, Rommerskirchen, etc., and which is certainly too valuable to be demolished by political disturbances.

Two shorter articles bring us information about the "Akademischer Missionsbund," the equivalent more or less of the Mission Crusade in this country, and of the recent meeting of the Mission Science Institute.

"Missionsrundschau" contains two missionary surveys packed with information. The first one discusses mission work in the home countries, particularly Germany. It is gratifying to note that medical missions have become an important feature in such reports. The second and most extensive of these studies describes the missions in China in the eloquent and scholarly language of facts and statistics. It is the handiwork of the Münster Seminar.

"Mission and Education" opens the first number of the *Zeitschrift* of 1936. It is divided in two parts: the value of teaching the missionary sciences in the schools at home and the educational activity of the Church in the mission countries. Both are of necessity short and compact but remarkably complete. About the last-mentioned subject much has been written recently, but the educational value of the mission idea in the schools is a most engaging and rare topic, which

deserves closer and deeper study. The principle is undoubtedly generally recognized, but the methods and teaching matter need to be worked out.

A historical study of the missions in Ethiopia, written by Professor Schmidlin, forms a well-timed piece of information. The religious fate of this country has always been so bound up with its political status and the faith of its ruler that we may expect a heavy rebound of the last war on the efforts at conversion of the Ethiopians.

"A German Mission Society of Secular Clergy" touches a very sore spot in Professor Schmidlin's plans. This excellent idea, which has been so eminently successful in many countries, has been downed repeatedly by German ecclesiastical authorities. This document, which expounds the value and the feasibility of the project, is therefore, as he himself expresses it, "only of historical interest."

Dr. Freitag has contributed an interesting study of the foreign missions in the Orient, among which we mention especially the work of the Union of Churches, and the state of the Church in Russia.

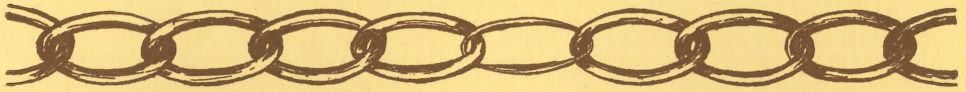
The reviews deal with such interesting books as Thaurén's "Religious Instruction in Pagan Countries," and "The Medical Care in Catholic Missions," written by Dr. Ohm, followed by a complete bibliography of the last volumes of "Die Katholischen Missionen," which fully deserves the praise of being the best of all the mission magazines of its kind. A bibliography of 1935 concludes this issue.

Current Medical Missionary News

(Continued from page 139)

by assisting them financially in their endeavors to raise the economic status of the people under their care. Such assistance will not only serve as indirect medical mission action by improving the essential conditions for public health, but will be of great importance in the conversion of souls, for it is not enough to baptize pagans; we must also make it possible for them to live as Christians and bring them that true civilization which has always accompanied the advent of Christianity. By placing their agricultural knowledge at the disposal of the missions the students at Wageningen have initiated a truly apostolic work that merits support and imitation.

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"Assuming," said Father Schwitalla, S.J., at the Hospital Convention, held in Baltimore, June, 1936, "that there are working in our institutions of United States and Canada 18,000 Sisters, each of whom is entitled in addition to board and maintenance, to an average salary of approximately \$750 per year, we reach the conclusion that the services of the Sisters in our hospitals are worth approximately \$13,000,000 annually."



The Weakest Link

in the whole chain of Catholic missions is the medical apostolate.

The facts speak for themselves: of the 18,028 priests, 8,755 brothers, 50,555 sisters and 136,234 lay-assistants, representing the personnel on Catholic Missions,

ONLY 211 ARE DOCTORS.

There are, of course, many more nurses. But as the standards of training vary greatly throughout the world, it is impossible to give their number.

Numerically, there are not enough professional medical missionaries to provide for the mission personnel, not to speak of the native population. Hence, the

FIRST BIG NEED IS VOCATIONS

to this apostolate, and the

SECOND IS MONEY

to train those who have already volunteered.

As our needs are really pressing, please remember the first community founded in the Catholic Church for this purpose:

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES, INC.

BROOKLAND, WASHINGTON, D. C.



The Society of Catholic Medical Missionaries

The Society is a COMMUNITY of Sisters—doctors and nurses, who devote themselves to the care of the sick in mission countries.

Scope of the Work

The work extends to hospitals and dispensaries, medical schools and training schools for nurses, welfare centers, leper asylums, traveling dispensaries; also to visiting the sick in their homes. It affords an abundance of opportunities to combine the spiritual and corporal works of mercy.

Fields of Labor

The Society was founded for the purpose of sending qualified Sisters to India, China, Africa, and other mission countries.

Rawalpindi

At present the Society conducts a hospital for women and children in Rawalpindi, in the Mill Hill Prefecture Apostolic of Kashmir and Kafirstan, India. Here, the majority of Mohammedan and Hindu women are still secluded and therefore can avail themselves only of medical aid given by women. From its beginning, this hospital has given training courses for Indian nurses in order to meet this need.

Dacca

In the Holy Cross Mission of Dacca, Bengal, members of the Society are entrusted with the nursing in the Mitford Hospital and the training school for Indian nurses. In the same city, they are in charge of two maternity and child welfare centers where they train native dhais for this work. They also make house-to-house visits for the care of the sick and the instruction of mothers.

The Sisters give classes in hygiene and home nursing in some of the schools of Dacca; also to groups of Indian women.

Requests to undertake work for the sick have been received from many mission bishops, thus showing the great need of vocations.

Requirements for Admission

The requirements for admission are:

1. A sincere desire to give oneself to God in the mission field.
2. Good health.

The age limit is 30 years.

The Society undertakes in suitable cases to provide the necessary education for all those who have not completed their studies for the medical or nursing profession. The scope of the work also calls for a large number who do not wish to do medical work directly. These do the non-medical work connected with every institution at home and in the missions.

For further information, apply to:

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